set in, and extended to the air-passages. The second was a young Englishman, who died with irregular nervous symptoms. The last case occurred in the daughter of an eminent English nobleman, who was carried off soon after the operation by phthisis. In 1828, M. Roux had performed 40 operations for cleft palate; 19 were cases of simple fissure, and of these 13 were successful, 6 unsuccessful; 21 were cases of complicated fissure, of which 12 failed, and 9 succeeded. In 1834 he had performed 68 operations, in 1842, 105.

The general result was, success in two-thirds of the cases of simple fissure; and in one-third only for cases of complicated fissure. This is not so favourable a result as that obtained from the earlier operations, but as it is drawn from a large number of cases, it probably gives a fair estimate of the chances of success or failure of the operation.—*Prov. Med. Journ.*, December 24, 1842, from *Gaz. Med. de Paris*, No. 30.

53. *Syphilitic Rhagades of the Sole of the feet and Toes.*—Dr. Herschman recommends the following salve as of great efficacy in allaying the pain and promoting the healing of the fissures. ℞.—Unguent. Lytharg. ʒj., Hydrarg. Præcip. alb. gr. x.—℈j. M.—*Oest. Med. Wochens.*, No. 51, 1842.

OPHTHALMOLOGY.

54. *Structure and mode of action of the Iris.*—A paper on this subject, by C. R. Hall, Esq., was read to the Royal Society, Feb. 9, 1843. After reciting the various discordant opinions entertained at different periods by anatomists and physiologists, relative to the structure and actions of the iris, the author proceeds to give an account of his microscopical examination of the texture of this part of the eye in different animals. He considers the radiated plicæ, which are seen in the uvea in the mammalia, as not being muscular; but he agrees with Dr. Jacob in regarding them as being analogous in structure to the ciliary processes. The white lines and elevations apparent on the anterior surface of the human iris he supposes to be formed by the ciliary nerves, which inte[illegible]ce one with another in the form of a plexus. The iris, he states, is composed of two portions; the first consisting of a highly vascular tissue, connected by vessels with the choroid, ciliary processes, sclerotica and cornea, and abundantly supplied with nerves, which, in the human iris, appear, in a front view, as thread-like striæ; and which are invested, on both surfaces, by the membrane of the aqueous humour. They are more or less thickly covered with pigment, which, by its varying colour, imparts to the iris on the anterior surface its characteristic hue; and, by its darkness on the posterior surface, renders an otherwise semitransparent structure perfectly opaque. The second component portion of the iris consists of a layer of concentric muscular fibres, which fibres, in man, and mammalia generally, are situated on the posterior surface of the pupillary portion of the iris; but which, in birds, extend much nearer to the ciliary margin, and consequently form a much broader layer. In fishes, and in some reptiles, they do not exist at all.

The author then proceeds to inquire into the bearings which these conclusions have on the physiology of the iris. He thinks that the phenomena of its motions can receive no satisfactory explanation on the hypothesis of contractility alone, or on that of the antagonism of two sets of muscular fibres, the one dilating, the other of contracting the pupil. He is convinced that the contraction of the pupil is the effect of muscular action; but does not consider the knowledge we at present possess is sufficient to enable us to determine the nature of the agent by which its dilatation is effected. He, however, throws it out as a conjecture, that this latter action may be the result of an unusual degree of vital contractility, residing either in the cellular tissue, or in the minute blood-vessels of the iris. It is from elasticity, he believes, that the iris derives its power of accommodation to changes of size, and its tendency to return to its natural state from extremes, either of dilatation or contraction; but beyond this, elasticity is not concerned in its movements.—*Proceedings of the Royal Society*, No. 56.

55. *Lachrymal Calculi.* By M. Desmarres.—An old woman, 66 years of age, who had swelling of the joints of the fingers and toes, the result of gout, had suffered for two years from lachrymation of the right eye, which was succeeded by a discharge of purulent matter. On examining the eye, the conjunctiva and sclerotic were injected, the superior lachrymal puncture was healthy, while the inferior one was dilated to three tmies its natural size; from this there flowed a sero-purulent matter, which was not increased by pressure over the sac. An indolent tumour, of the dimensions of a small nut, occupied the situation of the lachrymal sac; the conjunctiva was raised by it; the skin over it was of the natural colour, but that of the cheek was excoriated in several places, by the constant irritation of the tears, and discharge. Upon introducing a probe into the lower punctum, a hard resisting body was felt. About two months after M. D. first saw the patient, the inconvenience arising from the tumour was so great that she determined to have it removed. This was easily accomplished, by means of a director placed in the lower punctum, and inserting on it one blade of a pair of scissors, and cutting with them the superimposed textures towards the inner part of the eye. The concretion, about the size of the green pea, immediately fell out; some yellow sandy matter was then removed from the bottom of the incision, and the walls of the sac and duct cauterized. The wound was quite healed in twenty-four days, when all the unpleasant symptoms for which the operation was performed had disappeared.

The following analysis of the stone was obtained by M. Bouchardat:—

Concrete albuminous matter, ...	25 parts.
Mucous matter, ...	18 "
Fat, ...	Traces.
Carbonate of lime, ...	48 "
Phosphate of lime and magnesia, . . .	9 "
Chloride of sodium, . . .	Traces.

Its weight was 4 centigrammes, and its sp. gr. 1·14.
—*Lond. & Edin. Month. Journ. Med. Sci.*, March, 1843, from *Gaz. Méd. de Paris*, December 3, 1842.

56. *Turpentine in Hemeralopia.*—Charles Kidd, Esq., relates in the *Dublin Medical Press* for 10th May, 1843, two cases of Hemeralopia which had proved refractory to various remedies, and which were cured by the following mixture: ℞ Ol. Terebinth, ol. Ricini āā ℥j; Mist. Camphora ℥iv; Liquor potassa ʒj; Tr. Opii gtt. x. Ft. Mist. A large table-spoonful every morning and night.

MIDWIFERY.

57. *Abdominal Puerperal Neuralgia*—Dr. Golding Bird, in a communication published in the January number of the *Edinburgh Monthly Journal*, draws the attention of the profession to a peculiar form of neuralgia arising from uterine irritation after parturition, which rather closely simulates the characters of puerperal peritonitis, and has often, as he believes, been mistaken for it. He narrates three cases in illustration of his remarks, in each of which the complaint was apparently removed by remedies, which certainly could not have cured the puerperal inflammation. He observes that at a time, varying from a few hours to a few weeks, after parturition or miscarriage, we occasionally find excessive irritation of the uterus, attended with intense neuralgic pain over the abdomen, and a suppression of the lochial discharge manifested, producing, as might be anticipated, a disordered state of every function of the body, and giving origin to a set of symptoms often mistaken and treated for puerperal fever or peritonitis. In the first case narrated by Dr. Bird, that of a woman whose